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[NO. 8.]

OPIUM EATING.

To the Editor of the Boston Medical and Surgical Journal.

Northampton, Mass., Sept, 19th, 1833.

SIR,—I observed in yesterday's Northampton Courier an article from your Journal upon Opium Eating, in which you acknowledge not to know a remedy against that fatal practice ; and any one acquainted with such a thing, is invited by you to communicate it. As I consider this practice generally a real and complicated disease, a compound of the operation of internal morbid matter and of opium upon the nerves of the digestive organs and subsequently upon the whole system, I should not trouble you with these lines were I not of opinion that I could prove the correctness of the definition just given, at least to every unbiassed mind, and the impossibility therefore of anything like a specific. Feeling pity for the poor lady, whose case you relate, I accept of your invitation, as I understand it, in giving you, an entire stranger to me, without delay, all the information I possess on this and analogous subjects, as far as the limits of a letter will admit.

I entertain but little doubt that a rational and successful treatment of this case may be devised, provided the mischief done to her system by the long-continued practice have not caused an important disorganization somewhere. To obtain this first object of a physician, it will be necessary to direct our attention to the symptoms, as they appeared previous to her taking the opium, and compare them with the subsequent ones during the operation of the narcotic, and after its temporary effect had evaporated.

The original symptoms.—The lady was slightly affected with *nervous irritation*, a useless thing, lolling about in *idleness and pain*, a trouble to herself and an annoyance to all around her. These symptoms are very common indeed ; they prove indigestion, collections in the stomach and intestines, caused by errors in diet, idleness and want of sufficient exercise and employment. They usually yield to temperance, exercise and proper evacuations, in a very short time.

The symptoms during the operation of opium.—She was composed

in body and mind, and capable of performing her part as a wife and mother, a neighbor and friend.

The symptoms after it had ceased to operate.—She was spiritless, fretful, uneasy, until she took another opium pill.

If there had not been a morbid cause existing in her inside, that still remained after each, even of the first doses of opium, and before any habit was created, I for one could not comprehend the identity and constancy of the original symptoms with those following the evaporation of the opium. I have therefore a right to infer that the opium did not remove the collections of morbid matter, but stimulated, and raised her spirits like rum or brandy, deprived the nerves of her digestive organs of sensibility, composed her in body and mind, and made her capable of fulfilling the duties of a wife and mother—but only whilst her nerves remained benumbed by opium. Can there be any reasonable doubt that she, under this flattering appearance of health, continued to commit errors in diet and regimen; that the internal collections of morbid matter increased in quantity and acridity all the while, and that the continued use of opium was well calculated to retain and consolidate them? No wonder, then, that she was compelled to overpower the increased bad feelings by increased doses of her benumbing panacea, and that the consequences of an attempted reduction of the drug were convulsions, and vomiting almost without intermission. I know that the disciples of Brown and many others believe that the powers of nature, or of calomel, or of spirituous liquors and opium, will in a wonderful manner amalgamate indigested and morbid matter, and make it harmless; but I know, too, that such men either change common cases into malignant or chronic disorders, or kill their patients in a short time, and then give out that they followed the famous *expectante methode* of the most fashionable medical men of our age. But I am convinced that it is the most rational and successful plan to cleanse out in the very beginning of a fever or gastric complaint, and use energetic means, adapted to the case and the constitution of the individual. And this is true, not only in acute but in chronic disorders; and I solemnly declare I have cured a vast many, afflicted with a variety of nervous symptoms, by a long-continued use of cathartics and proper emetics. I have seen in such cases immense quantities of a kind of glutinous matter discharged, resembling mother of vinegar, so called, without impairing the strength; and patients, suffering for many years, relieved, and frequently cured, within a few months. I owe it, however, to truth, to confess that I should never have believed it, before I was compelled by so many difficult, complicated and obscure cases, to pry into the causes of them, and with this view to examine thousands of stools. I discovered, from these examinations, upon what kind of medicines I could depend; which would resolve and eliminate the long-retained viscous and almost organized membranous colluvies, adhering to the larger intestines, and abounding in maniacs, epileptics, and melancholy individuals who commit suicide.

From what I have said hitherto, you may easily judge what I consider the most rational and successful plan to enable the poor lady to get rid of her dangerous practice. Keep destroying or rather benumbing the nerves of her digestive organs by opium, but reduce by small de-

grees the quantum she takes, and not faster than the daily removal of the morbid matter will enable her to bear, and regulate her diet and regimen in such a manner as to hinder new collections. I know well that this is not so easily done—that it requires great attention, care and judgment on the part of her physician, and resolution, perseverance and self-denial on the part of the patient. To assist in overcoming such difficulties, I will lay down the rules, in detail, I have followed in analogous cases, and give at once some prescriptions, which, after many, many trials, I experienced to be the most mild but sufficiently energetic, which answer the purpose well, and whilst they remove large quantities of morbid matter from day to day, wonderfully preserve the strength of the patient. As it is important that the patient should be nourished, I always contrive in such cases that the most nourishing food should come into the stomach, when this organ is empty of medicine; that sufficient time be allowed before any evacuating medicine is given, for the food to digest, to be changed into chyle, and this to be absorbed into the system. This always appeared to me the great art, to preserve the strength of those who have to undergo a long course of depletion.

Your patient ought to occupy a room of good size, comfortably warm, well ventilated, with a good fire place, in which hard wood is burned, no charcoal nor mineral coal. It ought to be well carpeted, and not want a convenient easy chair and close-stool. For every sick person it is best to lie alone. The bed and covering ought to be adapted to her feelings and the weather. In cold weather it is best to dress and lie in flannel, and between blankets. The greatest cleanliness ought to be observed in every respect. I consider frequent washing the whole body with warm soapsuds almost a necessary of life.

Her diet ought to be simple, sparing but nourishing. Black tea, or good coffee, not drank hot, and a moderate piece of well-risen and well-baked wheat bread, may constitute her *breakfast*. For *dinner*, good bread and well-boiled rice with a little butter; or the rice may be boiled with a piece of chicken, and butter will not be wanted. If the rice in the pot is infused with boiling water, instead of cold water, and boiled until you can unash a kernel easily, and then the water is all taken off, and the pot placed on coals till it is dry, the rice is healthier, tastes better, and is more nourishing. For drink, pure water is the best. For the reasons mentioned before, her *supper* should be the most nourishing meal. I should direct her therefore to eat a moderate piece of broiled chicken, lamb or mutton without butter, but seasoned with a little pepper and salt, weak black tea with a little cream and sugar, and good bread without butter, or at least very little of it.

She ought to *exercise* daily as far as her strength will admit at home; and in very good weather, abroad in a good carriage. If unable to exercise sufficiently, faithful and repeated friction ought to be applied to the whole body. Her *mind* ought to be kept calm, daily interested in some innocent or favorite family business and conversation, but much company excluded.

The *opium* she takes now and finds sufficient ought to be weighed very carefully, and continued in the same manner as before—with this exception, that I should give her, without her knowing it, daily for the first

week five grains less, the next week ten grains less daily, the third week twelve grains, the fourth week fifteen grains, and afterwards daily twenty grains less, and so less and less daily for the following weeks. If she suffers much, do not lessen the dose too quickly. To keep her ignorant of this reduction, as the mind of such people is weak and their imagination strong, add to the opium pills as much soft bread as you take off from her daily dose of opium. I should by no means venture on this reduction without giving her daily the following *cathartic* about three hours before supper. Common manna one ounce, well-powdered good senna leaves one half of an ounce, powdered aniseed one drachm. Put these into a skillet, pour over them one half a pint of boiling water, simmer it for a minute, strain it through a linen cloth not too fine, and let her drink it, when cool, within ten or twenty minutes. This ought to be continued daily, until the stools cease to be very slimy for four or five days, and she bears the reduction of opium better and better. I should wonder if she can get along without continuing this medicine for several months daily. When the morbid matter is very tough, I have had to add from twenty to forty grains of g. ammoniacum and guaiacum.

It happens during the use of this medicine, but not often, that sickness at the stomach, a load in the epigastric region, headache, &c. indicate an *emetic*. Then I would in her case prefer to give her one half an ounce of common manna and four grains of tartarized antimony. Infuse it with one gill of boiling water, strain it, and when cool let her drink it at once. Before she takes it, during the operation, and for three or four hours, or better the whole night, let her be lying down and warm all over. When puking, she ought to lie on her stomach with her shoulders well covered, and the bowl placed on a chair near her head. If this little emetic should run down and produce weakening watery stools, two or three tablespoonsful of the best Madeira wine should be given warm, and a warm flat applied to her stomach.

All the stools ought to be critically examined, to shew to all concerned the necessity of removing so much filth, and when to discontinue daily evacuations.—I was but in a few cases obliged, by the hardness of the pulse and other symptoms, to use the *lancet*, under such a diet, regimen and evacuations.

I am aware that my knowledge of the lady's case is by no means complete. I know nothing of the state of her pulse, nothing of the state of her stomach and bowels, and really nothing of her diet and regimen, &c.; all things of importance to form a correct idea of a case.

If you should approve of my plan and meet with any difficulties, or have some scruples about some points, please write very particularly, and you will find that I have feelings for the miseries of my fellow beings, and that I am well disposed to assist them with all in my power. If you disapprove of all I propose, I have still a great satisfaction, and a reward greater than man can bestow—self-satisfaction.

Respectfully, yours, &c.

Ct L. SEEGER, M.D.

MEDICAL IMPROVEMENT.—NO. III.

[Communicated for the Boston Medical and Surgical Journal.]

ONE of the principal sources of improvement, and which is best calculated to give elasticity to the mind, is the habit of associating with our medical brethren. By this, it is not merely meant that a physician ought to be a member of some medical club or society, in which he stately performs his part, but that he should also avail himself of every convenient opportunity of professional intercourse. It is scarcely possible, that he who withdraws himself from the society of his profession, and, as a solitary being, is confined to his own immediate sphere of practice, however extensive his business may be, can ever deservedly arrive at much eminence. It is the first mark of a liberal and enlarged mind to take pleasure in others which are following the same pursuits ; and there is something very disingenuous and selfish in one who purposely keeps himself at a distance from the members of his own profession. He has either an unpardonable share of vanity concerning his personal talents and acquirements, or is conscious of some defect, either professional or moral, which will not bear examination. In the whole history of medicine, there is probably not a single physician, that has been distinguished for integrity, usefulness, and permanent eminence, who was not fond of frequent professional intercourse.

In order that this intercourse may become the most profitable, it should be as various as circumstances admit, without interfering with regular business or the particular objects of study. It is not to be limited to those of our own society, our own age, or our own school ; but there should also be a courteous and frank communication with those who vary from us in opinion, both in theory and practice. The information which we obtain at second hand, especially concerning those who are supposed to differ from us, is rarely or never correct, but usually very much colored and distorted, so that we cannot often obtain a right view of any man's peculiar sentiments, unless we derive them from him personally, or from his writings.

The greatest utility, however, of frequent, frank, and familiar professional intercourse, and a ready communication and interchange of our speculations and observations, arises from the principle so strikingly illustrated by Solomon, that *iron sharpeneth iron*. We mutually stimulate one another, excite a common curiosity, receive and communicate information, and call each other's powers into action. By this means, a taste is both acquired and cultivated. For this reason, eminent men have generally been found in clusters, in every period of the world in which they have appeared. Sets of them flourish in particular ages, in particular countries, and in particular cities. It is not because there are more talents, at a certain time or place, in a given number of men, but because circumstances favor the development of talents. And perhaps the most powerful of all circumstances in civilized life, is the influence which literary, scientific, and professional men, exert upon each other by mutual communication and intercourse.

Few men make much exertion for themselves alone. In their most

retired studies, there is generally some additional motive conjoined with private amusement. They are laboring for the utility or the applause of others, or for both. Even the most sordid passion for wealth, is stimulated by the real or supposed honor or influence which, it is imagined, will thereby be obtained from others.

" Abstract what others feel, what others think,
All pleasures sicken, and all glories sink."

Medical merit, it has been already observed, is not always duly appreciated by the world at large. But physicians form a community of their own, in which, if they do not keep their light hid under a bushel, their relative standing will be truly estimated. Ambition, or the desire of being distinguished above those around us, is at best but a questionable passion, which has perhaps done more injury than good to mankind. But there is a laudable emulation, which makes us covet the approbation of the wise and good, while we are employing and exerting ourselves for our own improvement and the benefit of others. This, next to the pleasure which arises from the consciousness of doing benevolent acts, is the highest reward which this world affords. Nothing external can be more desirable than the *laudatur a laudato homine*.

The advantages of extensive and intimate intercourse are more particularly insisted on, because it is believed to be a point in which physicians, with some very honorable exceptions it is true, are much more deficient than either of the other professions. A physician, who shuts himself up within his own sphere of practice, almost necessarily is precluded from further improvement. After having followed his business, in a very few years he arrives at his acmé, goes on in an established routine, and happy is he if he does not sensibly deteriorate. He cuts himself off from communication and conversation, the principal motives for further study and observation, and speedily falls in the rear of those around him.

There is likewise an error of nearly as much consequence, which is likely to beset those who possess a social turn. They confine their intercourse too often to those who belong to their particular sect or school, and seem to fear a kind of contamination from the advocates of different opinions and practice. Now, something is to be learned from communication with any man of abilities and integrity, however peculiar his notions may be on particular points. Indeed, if we associate with none but those of our way of thinking, we have nobody to detect our own defects. And where these are not pointed out, we have no grounds upon which they may be remedied. If a Sangrado should treat a physician with civility, his practice might be worth observing; and it would be a matter of great curiosity to watch even a Thompsonian course, could it be done without apparently countenancing empiricism. But it is a great privilege to see and attend the practice of any regular physician, whose views differ essentially from our own. Who is there that could not profit by seeing a case managed by a Brown, a Broussais, or a Hahnemann? It is true that they move in as different lines as the three sides of a triangle; but still their various doctrines have been advocated by many men of the highest talents, from whom much might certainly be learned. And when we find, contrary to expectation, that the treatment of either is attended with success, it leads to a revision of our own principles, and not improbably to a correction of our own notions.

In whatever light we view the subject, a frank and open intercourse with our professional brethren will be found to be one of the most important means of medical improvement, with those physicians who are engaged in actual practice. If physicians cannot be courteous and affable towards each other, and do not exhibit mutual esteem and confidence, they have no right to complain of want of public respect and patronage. If they who understand, or should understand, the medical art, respect themselves, the profession will be respected. The qualification of candidates is determined by physicians; and if improper members, with whom they are unwilling to associate, are admitted, the fault does not belong to the public, but to the medical faculty. In a word—in judging of the merits of physicians, the public are usually determined by the opinions which they express of each other.

If the patience of readers is not already exhausted, it is proposed to enter into a detail of some of the more obvious and accessible means for medical improvement. It is believed to be very rare, that any physician is for a long time placed in such circumstances as to preclude further advancement in the scientific part of his profession. If he remains stationary or retrogrades, it is usually his own fault, and not that of the imaginary difficulties with which he is surrounded.

S.

INDIGESTIBLE SUBSTANCES IN THE STOMACH.

[Communicated for the Boston Medical and Surgical Journal.]

A GALLEY convict named *André Bazile*, a native of Nantes, was admitted into the Marine Hospital of Brest, on the 5th of September, 1774. He complained of cough, pain at the stomach, and colic, for which the physician gave him some medicine, which seemed to relieve him. On the 1st of October, *Fournier*, another physician of the hospital, in taking his turn of duty, found him laboring under exhausting vomiting and pain at the stomach. No explanation of the cause of the disease was obtained from the patient. He died on the 10th of the month.

Fournier, suspecting some visceral derangement, opened the body the next day. He found an effusion of water in the left side of the chest, and incipient suppuration in the lobe of the lungs of the same side. But these phenomena were trifling in comparison with those which were presented on opening the abdomen. The stomach was entirely displaced, and occupied the left hypochondriac region, with the lumbar and iliac region of the same side, reaching near to the *foramen ovale* of the pelvis. In removing the heart and lungs, the œsophagus was ruptured near the middle, and a piece of wood of black color was discovered, which extended through the whole of this canal to the stomach. The case now excited so much interest, that *Fournier*, before proceeding further, collected all the physicians, surgeons, pupils, and officers who could conveniently attend. Their number was about fifty, and in their presence a complete examination was made, and an official report was taken of the state in which the viscera were found, and an inventory made of the articles discovered in the stomach. The piece of wood before observed in the œsophagus, was now found to be part of a barrel hoop. The

stomach, by being forced down into the pelvis, had somewhat the figure of a parallelogram, and with most of the other intestines was internally of a dark color, as was the case with the wood and other articles which it contained. They retained a very fetid odor after they had been several times washed.

Inventory of the articles found in the stomach of André Bazile.

1. A piece of a barrel hoop, nineteen inches long, one inch broad.
2. A piece of the wood of the shrub *genista*, six inches long, half an inch broad.
3. A piece of the same, eight inches long, same breadth.
4. A piece of the same, six inches long, same breadth.
5. A piece of the same, four inches long, same breadth.
6. A piece of the same, four inches long, about half of the breadth of the former.
7. A piece of oak wood, four inches and a half long, one inch and a half broad, and half an inch thick.
8. A piece of the same, four inches long, one inch broad, and eight lines thick.
9. A piece of the same, four inches long, half an inch broad, and four lines thick.
10. A piece of the same, four inches long, half an inch broad, and four lines thick.
11. A piece of the same, two inches long, one inch broad, and half an inch thick.
- 12, 13, 14, 15, 16, 17, 18. Each of these numbers was a piece of oak, varying in length from five inches to three. Their length, breadth, and thickness, minutely described in the original inventory.
19. A piece of a barrel hoop, five inches long, one inch broad, and two lines thick.
20. A piece of fir, four inches long, one inch broad, and five lines thick.
- 21, 22, 23, 24. Each a piece of the same, varying from four to two inches in length. All minutely described in the original, and one of them a wedge.
25. A piece of the bark of the bit of hoop found in the cesophagus, which had slipped into the stomach, three inches and a half long, one inch broad.
26. A wooden stopple or bung, an inch long, and an inch in diameter.
27. A wooden spoon, five inches long, bowl an inch and a half wide.
28. A nozzle of a tin tunnel, three inches and a half long, an inch in diameter at its larger end, half an inch at the other.
29. Another piece of the tunnel, two inches and a half long, half an inch broad.
30. The handle of a pewter spoon, four inches and a half long.
31. A pewter spoon seven inches long, the bowl battered up.
32. Another pewter spoon, three inches long.
33. Another spoon, two inches and a half long.
34. A steel for striking fire, two inches and a half long, and half an inch wide, weighing an ounce, four drachms and a half.

35. The bowl of a horn pipe, with a piece of the stem, the whole three inches long.

36. A nail *de demi-lisse*, pointed, with its head, two inches long.

37. A nail *de petit-six*, very sharp, an inch and a half long.

38. A piece of pewter spoon, flattened, an inch long, and half an inch broad.

39. Three pieces of a pewter buckle, each about half an inch long.

40. Five plumstones, or kernels of prunes.

41. A small piece of horn.

42. Two bits of white glass, the larger an inch and four lines long, and half an inch broad, of irregular form.

43. Two pieces of leather, the larger three inches long, and one inch broad, the other an inch four lines long, half an inch broad.

44. A knife with its blade shut in a handle of wood, three inches and a half long, and an inch broad.—The whole forming fifty pieces, weighing one pound ten ounces and four drachms.

Fournier regretted that he could obtain but scanty information of the man. Had he suspected that such foreign matters were in the stomach, he would have made more strict inquiries of the patient. From his comrades it was learned that he had been thirteen years a marine, and for some offence, not stated, he was sentenced to the galleys. He was naturally a hypochondriac, and almost an idiot, or rather a maniac. His appetite was voracious, yet he was so fond of tobacco as often to sell his rations to procure it. He was sometimes known to put mortar and lime, which he scraped from the walls, into his soup, saying that it supported him and strengthened his heart. When he was very hungry, he would swallow small stones, coat buttons, bits of leather, and other small bodies. His companions asserted that only two days before he entered the hospital, they saw him swallow two pieces of wood, four or five inches in length. No information could be obtained when he put the piece of hoop, which was nineteen inches long, down the œsophagus.

The preceding case is extracted, abridged, and translated, from *Dictionnaire des Merveilles de la Nature*. A Paris, 1802. Tome I. p. 482.

As it is taken from an official report, made in the presence of about fifty witnesses who were present at the examination of the body, there seems to be no reasonable suspicion of its accuracy. Fournier has subjoined to it some very pertinent remarks, showing that there could be no deception, and that the foreign matters were not introduced after death. He goes into further details upon the appearance of the viscera and other points, which are not matters for the present purpose.

It is proper sometimes to record the extremes to which the hallucinations of folly or madness may carry the deluded subject. The present case would seem to exceed any other which is upon the records of medical history, and as such may perhaps be worth inserting in the *Medical and Surgical Journal*.

THOMAS MINER.

Middletown, Conn., Sept. 24, 1833.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 2, 1833.

PERIODICAL MYOPATHY.

We have repeatedly had occasion to remark the wide range of disease which might be included within the common characteristic of a periodical tendency. Beside the common agues, the most familiar form of intermittent disease, we have intermittent cephalæa, the most striking phenomena of which have been long the subject of observation; intermittent dyspnœa, a form of disease by no means unusual; intermittent ophthalmia, some cases of which have appeared in the journals; and many others. In fact it would seem that there is scarce any form of disease, nervous or inflammatory, but may under certain circumstances assume this curious modification. We have before us a singular case, where a local affection of the muscles followed upon contusion, and, after presenting some anomalous aspects, at length terminated in a regularly intermitting affection. The case is related by Dr. Seennerberg, professor of physic in the University of Lund, in Sweden. We give it as follows, in his words.

"A Swedish officer, about 30 years of age, during the war in Norway in 1814, got a contusion in both thighs by a cannon-ball. At first he hardly felt himself affected by the accident, but afterwards fell down, and having lain on the ground for six or seven hours, affected by cold and rain, and scarcely sensible, he was brought to the hospital. After a week he was so far restored that he could resume his duties, although he had some difficulty to ride on horseback, and felt himself molested by the movement and extension of the legs, which inconvenience, however, by the use of spirituous inunctions and wrapping the thighs in bandages, subsequently ceased.

The following year, after riding hard, one of his thighs commenced to smart and swell, but the pain was again dispelled by frictions and fomentations.

In the years 1816-1817, he sometimes felt smarting in the right thigh, especially after riding and taking strong exercise. In the year 1818, the extensors of the right thigh above the patella began to swell at intervals, the symptoms returning after nine days, but without particular pain.

In the summer of 1819, while on a journey in foreign countries, the right thigh was for three days affected with vehement smarting, and so swollen that he could not move it; but by refrigerations with cold water, and the use of plasters and bandages, the inconvenience vanished, although some rigidity and difficulty of moving the limb remained.

Continuing his voyage, the pain returned, so that he was obliged to confine himself in a hospital at Paris during three weeks, where use was made of *cucurbitæ cruentæ*, vesicatories, fontanels, inunctions, plasters, and bandages.

In 1820 returning to Sweden, his carriage overturned in a journey to a mineral fountain, by which accident the thigh was so hurt that the malady became worse, and the physician thought of amputating the leg. Not agreeing to this, he repeated his former treatment, and was, by pur-

suing a sedentary life, and the use of fontanels, somewhat relieved. During the three following years, the several different medicines, employed at various times, procured him but little ease.

From the year 1824, the pain very much remitted; he certainly suffered somewhat, but not so much as to prevent him from attending to his domestic concerns, although he was obliged to desist from riding and taking strong exercise. In the following years he had periodical assaults of the illness, at longer or shorter intervals. He continued to use mineral waters and bathing. From the year 1830, the periodical attacks became regular, being renewed every ninth day, although during one or other month he was free from the symptoms. But from the month of May 1832 to this day the attacks have assumed a regular periodical type, so that every ninth day the extensors of the right thigh swell as large as a hand around and above the patella, with, for three days, smarting, swelling, and induration nearly to a bone-like or stony consistence, during which time the patient can walk only by aid of a crutch, when he has the sensation of moving on a wooden leg. In the following three days the induration and swelling successively vanish, with a feeling of stupor, and a pricking sensation (*formicatio*). After this period of six days, during which the symptoms augment and diminish, the patient becomes free from suffering for the three following days. He then regains the free use of his thigh, which takes its natural form and softness. The attacks of the illness were greater or milder in proportion to the hardness or gentleness of the exercise he adopted; but he felt no difference from variety of season or difference of weather. On the approach of an attack, of which he has a short previous intimation, he is obliged to keep himself quiet.

Although afflicted so many years by this singular illness, he has retained his health in every other respect, as well as his alacrity of mind and strength of body."

EXTERNAL APPLICATION OF NARCOTICS.

We have occasionally alluded in our former numbers to the singular effect produced by the external application of belladonna on the muscular fibre. These effects, as manifested when the article is applied in the neighborhood of the eye, and which are then exhibited in the dilatation of the iris, are sufficiently familiar, though constituting one of the most singular instances of the direct action of a remedy which are known to the science. It seems, however, that the iris is not the only muscular structure over which belladonna, externally applied, exerts this species of control. Cases have been related in several of the journals, in which hernia, the reduction of which had been repeatedly attempted in vain, was placed within control of the taxis by the application of the extract of belladonna to the external surface. We have indeed been tempted to view these cases with some incredulity; and the more, as in one or two instances in which we have seen it applied, the result was a failure. We have, however, now before us two cases of uncommonly severe character which were relieved in this manner, and the reports of which are contained in the *Journal Med. et Chir. at Paris*. As they furnish stronger testimony to its efficacy than any we have met with, we shall use them also without abridgment.

"A man, aged 50, of nervous temperament, felt for some days severe

passing pains over the lower part of the abdomen, and, after some slight effort, a large tumor appeared in the left groin. On examination, it was discovered to be an inguinal hernia. The tumor was hard, sensible to pressure, and occupied the whole of the scrotum. The efforts at reduction were unsuccessful, and the belladonna was tried. Equal parts of lard and belladonna were rubbed, every quarter of an hour, over the abdominal ring and the neighboring surfaces. In the space of two hours the tumor was much softer, and greatly diminished in volume; and the hernia was afterwards reduced without any difficulty. The abdominal ring remained open for some time after the reduction of the intestine, sufficient to allow of the introduction of two fingers. Notwithstanding a severe attack of constipation of the bowels, the patient perfectly recovered.

A young girl, aged 13, after some exertion felt something glide along the inside of the groin; she went to her room and found a swelling in the groin, which, though discolored, gave her no pain; she pressed the tumor, which immediately disappeared with a gurgling noise. The same accident was repeated several times, and the same means were always sufficient to reduce it, until the tumor descended, and became fixed so firmly that it resisted all the usual means to restrain it. A nurse was called in, who declared it to be an enlarged inguinal gland; the pain greatly increased, and was succeeded by headache, thirst, constipation, and vomiting. A surgeon was now called in, who soon discovered that the enlarged inguinal gland was a crural hernia. The tumor was hard to the touch; the skin red, hot, and very sensible to pressure; the vomiting continued; the thirst was increased; the pulse sharp and frequent. Ten leeches were applied to the neck of the tumor, emollient and anodyne cataplasms to the part, and a lavement.

On the following morning the patient was in the same state, and it was impossible to reduce the hernia; ordered to be put into the warm bath, and afterwards the extract of belladonna to be rubbed freely over the crural arch. In the evening the hernial tumor was much diminished in hardness and size, and had ascended a little upwards towards the crural arch; pain greatly decreased. The taxis was now carefully used, and in half an hour the hernia was reduced. In this case, as in the former one, the crural arch remained dilated for some time after the ascent of the tumor."

THE LATE JOURNAL OF HEALTH.

THAT popular periodical, the *Journal of Health*, which has been published at Philadelphia, is discontinued for want of patronage. A *Journal* that went more rapidly into circulation, and circulated more widely perhaps than any other that was ever commenced in the country, is now stopped at the expiration of its fourth year, because the actual receipts from the subscribers amount to but about one third the expenses of the work. The discontinuance of the periodical is to be regretted, as is also the cause that has led to this measure. It must, however, be confessed that *popular medical journals*, or medical periodicals designed for general circulation among families, are a short-lived family. The experiment has been tried, and ably too, in London, and other great cities in Europe and America; but however great or numerous the excellences of any of these works, none have been able to boast of longevity. There is, and ever must be, a limit to the subjects connected with health, the discus-

sion of which will interest the people, and that limit is soon reached. The Journal of Health has endured longer than most of its predecessors, and this was probably owing to two causes—the ability and skill with which it was conducted, and the unusual spirit of inquiry of the age in which it lived.

Development of the Head of Dr. Spurzheim.—It has been the fortune of Dr. Spurzheim to see many friends and still more ardent disciples defend himself and disseminate his doctrines, and the latter have taken deep root and gained extensive credit during his life-time. Whatever may be the fate of the details of the science, whether the localization of the organs be correct, or whether an exact localization be attainable, matters little in comparison with the triumphant establishment of its great principle, the plurality of organs. We say triumphant establishment, for the arguments of those opposed to it have utterly failed to check its progress, and a blow has been struck at the doctrine of the indivisibility of the mind, which it never can recover. But it is not our object at present to enter upon any phrenological discussion; we wish only to lay before our readers the phrenological admeasurement of the head of the late Dr. Spurzheim.

DEVELOPMENT.*

1. Amativeness, full or ra. large	15	17. Hope, rather full, or full	13
2. Philoprogenitiveness, large	18	18. Wonder, full, or ra. large	15
3. Concentrativeness, ra. small	8	19. Ideality, rather large	16
4. Adhesiveness, rather large	16	20. Wit, rather large, or large	17
5. Combactiveness, rather full	12	21. Imitation, rather large	16
6. Destructiveness, very large	20	22. Individuality, large	18
7. Secretiveness, large	18	23. Form, ra. large, or large	17
8. Acquisitiveness, ra. large	16	24. Size, large	18
9. Constructiveness, ditto	16	25. Weight, full	14
10. Self-esteem, large	18	26. Coloring, rather full, or full	13
11. Love of Approbation, ditto,		27. Locality, large	18
or very large	19	28. Number, rather full, or full	13
12. Cautiousness, rather large,		29. Order, rather large	16
or large	17	30. Eventuality, full	14
13. Benevolence, very large	20	31. Time, large	18
14. Veneration, ditto	20	32. Tune, large	18
15. Firmness, ditto	20	33. Language, ra. large, or large	17
16. Conscientiousness, rather		34. Comparison, very large	20
large, or large	17	35. Causality, very large	20

MEASUREMENTS.

	Inches.		Inches.
From Occipital Spine to Individuality	7 7-8	From Destructiveness to Destructiveness	6 6-8
Concentrativeness to Comparison	7 2-8	Secretiveness to Secretiveness	6 4-8
Ear to Occipital Spine	4 4-8	Cautiousness to Cautiousness	5 7-8
— Individuality	5 2-8	Ideality to Ideality	5 6-8
— Firmness	6 1-2	Constructiveness to do.	5 4-8
— Benevolence	6		

* "The numbers on the right indicate the size of the organs according to the scale adopted by the Phrenological Society, and described in Combe's System, p. 95."

We need scarcely inform our readers that this excellent man and able philosopher died in America, while engaged in delivering a course of lectures at Boston. His death took place on the 10th November, 1832, after an illness of about three weeks, induced and fatally kept up by his exertions. The symptoms were those of continued fever, and, unfortunately, he refused all active treatment, and displayed, as too many of high intellectual attainments do, that species of irritability, which often sets medicine and nature also at defiance. On examining his body, there were merely some traces of increased vascularity discovered in the arachnoid and pia mater, with adhesion of the colon to the peritoneum in the right iliac fossa.

There is a brief, but very interesting account of his life in the *Phrenological Journal*. Mr. Holm is preparing a more extensive biography. *Phrenological Journal*, No. XXXV.

"*The Heliotrope ; or Pilgrim in Pursuit of Health*. 8vo. 1833."—Dr. Johnson, in his *Medico-Chirurgical Review*, thus notices this production. "Whether the pilgrim be a physician or patient, certain it is that he is a poet—and one of some promise. The poem itself will be interesting not only to those who seek health from Italian skies, but to those who delight in historical recollections, and beautiful description of celebrated scenes. The author writes a good deal in the style of Byron, and gives a very animated delineation, not only of the voyage to Italy, but of his journeys in search of health subsequently. We greatly fear that the youthful poet has over-rated the salubrity as well as the pleasure to be derived from the climate of fair Italy. The following stanza on the bay of Naples will exemplify this remark, and at the same time convey some idea of the style of the author.

———— Here, if thou lovest a clime
Where health may flourish—rankling care decrease,
And beauteous Nature smooth thy stream of time—
Here, in Campania's *Aprosapolis*,
Repose ! and feast thy soul with scene sublime—

The sunbeam shall not smite thee, for the sea
Tempers its fervor ; Winter's kindly ray
Shall never chill thee, for the myrtle-tree,
Pomegranate, palm, and citron, shade the bay
With fruit and foliage ; Nature's face shall be
Thy book and mirror—one long Summer day
Thy life ; and when at last thou takest thy rest,
Unfading Spring shall fold thee in her breast.

If the physician could corroborate this description of the poet, then indeed would Italy be a paradise as well as a *portus salutis* ! But it unfortunately happens that the ratio of mortality, even in this delightful Parthenope, is full double that of our own foggy, stormy, and rainy isle !"

Professor Roux's Opinion on the Cause of Death after very Painful Injuries.—A man was admitted into the La Charité Hospital, with an immense tumor on the upper and inner side of the thigh. The operation for its removal was very protracted and painful, in consequence of the deep adhesions to the ossa pubis and ischii. The patient died on the third day, in a state of alternate stupor and delirium. On dissection,

the only morbid appearance observed was an effusion of serum into the lateral ventricles of the brain. M. Roux stated, that in almost all cases where death is consequent upon very severe suffering, he has found an effusion of serum either between the membranes, especially between the arachnoid and pia mater, or in the lateral ventricles. He has very often noticed it in patients who have died from burns, and more frequently in children than in adults, who can better resist pain.—*Trans. Medical.*

Treatment of Syphilis by the Red Oxide of Mercury.—This is the plan adopted by Professor Blasius in the Surgical Clinic of the University of Halle. The dose is $\frac{1}{2}$ of a grain daily for the first five days; $\frac{1}{3}$ for the next five; and so gradually increased $\frac{1}{2}$ every five days till the symptoms yield, when it is to be lessened $\frac{1}{2}$ of a grain every five days, until the original dose of $\frac{1}{2}$ is reached, which should be again continued five days before the medicine is entirely left off. One grain daily is generally the maximum dose, and should always be given; but in some very obstinate cases it is necessary to extend it to two grains. The time occupied by its administration can therefore never be less than 40 days. The following are the formulæ employed:

1. *Powders.*

R. Hydrarg. oxyd. rubr. gr. ij.
Sacchari albisissimi x. Misce.

Divide in x. partes equales. At first two of these to be taken daily; adding one every 5 days.

2. *Pills.*

R. Hydrarg. oxyd. rubr. gr. iv.
in syrupo commun. terendo bene distrib.

Micæ panis
Sacchari albi aa q. s.

ut ft. pilulæ ponder gr. ij. No. lxxx. At first eight should be taken daily; then four in addition every 5 days.

It is in cases of skin disease and against condylomata that the red oxide is particularly useful; and it does not require that rigid restraint with regard to diet and the habits in general which is necessary under the use of calomel or corrosive sublimate. Blasius has never known any inconvenience to arise, or the action of the remedy to be interrupted, from taking cold or the commission of errors in diet; but he advises moderation and great caution in both respects.—*Allgem. Med. Zeit.*

Fracture of the Patella.—"A gentleman came to me the other day from the country," observed Mr. Brodie, "with a fractured patella, and which, from mismanagement, had been drawn about an inch and a half above the knee. There was, I suppose, union by ligament. Indeed I believe union by ligament always takes place in these cases, whether the fractured ends of bones be separated far apart from each other or not. In the one case the ligament is thinner, and more stretched out; whilst in the other it is of a thicker, stronger, and firmer consistence. I do not believe that this ligament ever ossifies. I believe that where pieces of bone have been found in it, it has been from the patella being broken into many pieces."—*Mr. Brodie at St. George's Hospital.*

New Ala Nasi.—William Hopkins, a poor fellow who had undergone at St. Bartholomew's Hospital, London, several operations for the "formation of a new ala nasi, and part of the upper lip," was once more led into the operating theatre on June 1st, when Mr. Earle dissected out a flap of integument from the side of the cheek, sufficient to cover the large cicatrix which extended from the side of the nose and mouth to near the inner canthus to the left eye. The surface of this having been pared away, the whole was secured in its place by means of sutures and strapping.—11th. The wound seems to have healed by the first intention; and from the favorable appearances of the case, Mr. Earle's efforts at length promise to be crowned by success.—*Lond. Lancet.*

Treatment of Gouire by Seton.—In a late case at the Hôtel Dieu, Dupuytren established a free suppuration by means of a seton over the tumor. In three weeks the size of it was reduced by two thirds, and a complete cure was speedily anticipated.—*Lancette Francaise.*

Whole number of deaths in Boston for the week ending September 26, 36. Males, 29—Females, 16. Of consumption, 6—dropsy on the brain, 2—scarlet fever, 1—hooping cough, 2—teething, 2—infantile, 4—dysentery, 4—unknown, 1—liver complaint, 1—debility, 1—croup, 1—cholera infantum, 2—canker, 2—pityriasis fever, 1—dropsy, 1—putrid bilious fever, 1—typhous fever, 2—apoplexy, 1—Sts. 1. Stillborn, 3.

ADVERTISEMENTS.

BOYLSTON MEDICAL PRIZE QUESTIONS.

THE BOYLSTON MEDICAL COMMITTEE OF HARVARD UNIVERSITY hereby give notice, that the following prize questions for the year 1834 are now before the public, viz. :—

1st. "What is the true nature of Polypus in the nostrils, and in what manner may the disease be best treated?"

2d. "Are the restrictions on the entrance of vessels into port, called Quarantine laws, useful? If so, in what cases should they be applied?"

Dissertations on these subjects must be transmitted, post paid, to JOHN C. WARREN, M.D., Boston, on or before the first Wednesday of April, 1834.

The following questions are now offered for the year 1835, viz. :

1st. "What diet can be selected, which will ensure the greatest probable health and strength to the laborer in the climate of New England; quantity and quality, and the time and manner of taking it, to be considered?"

2d. "What are the diagnostic marks of cancer of the breast; and is this disease curable?"

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1835.

The author of the successful dissertation on either of the above subjects will be entitled to Fifty Dollars, or a Gold Medal of that value, at his option.

Each dissertation must be accompanied with a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they are received.

By an order adopted in the year 1825, the Secretary was directed to publish annually the following votes, viz.

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith:

GEORGE HAYWARD, Secretary.

Boston, August 10th, 1833.

ecp

Publishers of Newspapers and Medical Journals, throughout the United States, are respectfully requested to give the above an insertion.

LECTURES ON THE DISEASES OF THE EYE.

A Course of Lectures on the Diseases of the Eye will be delivered at the rooms of the Massachusetts Charitable Eye and Ear Infirmary, in Boston, to commence the last week in October, and continue twice a week. The pathology of the Eye will be illustrated by such cases as attend the Infirmary. For further information apply at the Infirmary apartments, corner of Summer and Washington Streets, on Monday, Wednesday or Friday of each week, between the hours of 12 o'clock M. and 1 o'clock P. M.

Boston, September 10th, 1833.

optN.

JOHN JEFFRIES.

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